



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D005478219

II. SITE NAME AND LOCATION

| | | | | | |
|--|----------------|---|-------------------------|-----------------------|-------------------|
| 01 SITE NAME (Legal, common, or descriptive name of site) Rea Magnet Wire Co. | | 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 2800 Concord Rd. | | | |
| 03 CITY Lafayette | 04 STATE IN | 05 ZIP CODE 47905 | 06 COUNTY Tippecanoe | 07 COUNTY CODE 157 | 08 CONG DIST 7 |
| 09 COORDINATES LATITUDE 40°23'15" | | LONGITUDE -86°51'40" | | | |
| 10 DIRECTIONS TO SITE (Starting from nearest public road) | | | | | |

EPA Region 5 Records Ctr.



326748

III. RESPONSIBLE PARTIES

| | | | | | |
|--|----------------|---|---------------------------------------|-------------|--|
| 01 OWNER (If known) Rea Magnet Wire Co. | | 02 STREET (Business, mailing, residential) 3600 E. Pontiac St. | | | |
| 03 CITY Ft. Wayne | 04 STATE IN | 05 ZIP CODE 46896 | 06 TELEPHONE NUMBER (219) 424-4252 | Sharon Huey | |
| 07 OPERATOR (If known and different from owner) | | 08 STREET (Business, mailing, residential) | | | |
| 09 CITY | 10 STATE | 11 ZIP CODE | 12 TELEPHONE NUMBER () | | |
| 13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN | | | | | |

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: 11/17/80 MONTH DAY YEAR ☒ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: 6/22/81 MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

| | | | | | |
|--|--|--|--|--|--|
| 01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 12/4/81 MONTH DAY YEAR <input type="checkbox"/> NO | | BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____ | | | |
| 02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN | | 03 YEARS OF OPERATION 1959 1984 BEGINNING YEAR ENDING YEAR <input type="checkbox"/> UNKNOWN | | | |

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Organics
Solvents
Heavy Metals

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

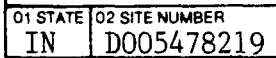
Wastes are stored (no longer than 3 months) before off-site disposal or recovery.
Site regulated and inspected under RCRA regulations.

V. PRIORITY ASSESSMENT

| | | | |
|--|--|--|--|
| 01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form) | | | |
|--|--|--|--|

VI. INFORMATION AVAILABLE FROM

| | | |
|---|--|---------------------------------------|
| 01 CONTACT George Oliver NO 5/1/84 | 02 OF (Agency/Organization) Indiana State Board of Health | 03 TELEPHONE NUMBER (317) 633-0213 |
| 04 PERSON RESPONSIBLE FOR ASSESSMENT Don Daily | 05 AGENCY LPC | 06 ORGANIZATION ISBH |
| 07 TELEPHONE NUMBER (317) 633-0196 | | 08 DATE 4/26/84 MONTH DAY YEAR |



| | | |
|---|---|--|
| <input checked="" type="checkbox"/> A TOXIC | <input type="checkbox"/> E SOLUBLE | <input type="checkbox"/> I HIGHLY VOLATILE |
| <input checked="" type="checkbox"/> B CORROSIVE | <input type="checkbox"/> F INFECTIOUS | <input type="checkbox"/> J EXPLOSIVE |
| <input type="checkbox"/> C RADIOACTIVE | <input type="checkbox"/> G FLAMMABLE | <input type="checkbox"/> K REACTIVE |
| <input type="checkbox"/> D PERSISTENT | <input checked="" type="checkbox"/> H IGNITABLE | <input type="checkbox"/> L INCOMPATIBLE |
| | | <input type="checkbox"/> M NOT APPLICABLE |

EPA FORM 2070-12 (7-81)



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT**

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IN D005478219

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



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I. IDENTIFICATION

01 STATE 02 SITE NUMBER
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II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE _____)

☐ POTENTIAL

☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

No indication of any on-site waste disposal.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

Sharon Huey, Rea Magnet Wire Co., Ft. Wayne.
ISBH files.

Rea Magnet Wire Co.

No further action should be taken
on this site.

R. G.

EXECUTIVE SUMMARY

EPA ID# IND005478219

WINDSHIELD SURVEY YES X NO

Original Company Name: Rea Magnet Wire Company

Alias Names: _____

Original X Address: 2800 Concord Road

Corrected Lafayette, IN 47905

Tippecanoe County

 Landfill X Generator Treatment, Storage, Disposal (TSD)

 Transporter Other: _____

PRIORITY ASSESSMENT:

 HIGH MEDIUM LOW X NO FURTHER ACTION (NONE)

CLASS:

 I-STATE LEAD

 II-REM/FIT LEAD
 State Accompanies
 FIT

 III-REM/FIT LEAD
 Limited On-site
 State Involvement

X IV OTHER:
 No action

State Priority Assessment Justification: Wastes are stored less than 90 days
prior to off-site disposal or recovery. No on-site disposal, treatment, or
spills according to the company.

State Comments Re: PA SI Follow-up SI RPS HRS

STATE INVOLVEMENT

COMPLETE DOCUMENTS:

X Preliminary Assessments
 Site Inspection
 Follow-up Site Inspection
 Responsible Party Search
 Hazard Ranking System (HRS)

REVIEW DOCUMENTS:

 Preliminary Assessments
 Site Inspection
 Follow-up Site Inspection
 Responsible Party Search
 Hazard Ranking System (HRS)

Prepared by: Don Daily

Phone: (317)633-0196

Date: 4/26/84